



8-17-05

\$ AP 1649

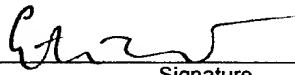
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PTO/SB/31 (04-05)

Approved for use through 07/31/2006. OMB 0651-0031

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) JJJ-P06-504	
In re Application of Rueger et al.			
Application Number 08/937756		Filed September 25, 1997	
For MORPHOGEN-INDUCED NERVE REGENERATION AND REPAIR			
Art Unit 1649		Examiner Sharon Turner	
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.			
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))		\$ 500.00	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$	
<input type="checkbox"/> A check in the amount of the fee is enclosed.		08/18/2005 SHASSEN1 00000003 181345 08937756	
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		01 FC:1401 500.00 DA	
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 18-1945. I have enclosed a duplicate copy of this sheet.			
<input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.			
I am the			
<input type="checkbox"/> applicant /inventor.		 Signature	
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		Erika Takeuchi Typed or printed name	
<input checked="" type="checkbox"/> attorney or agent of record. Registration number 55,661		(212) 596-9479 Telephone number	
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34.		August 16, 2005 Date	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input checked="" type="checkbox"/> *Total of 1 forms are submitted.			

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 626909449 US, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: August 16, 2005

Signature: Linda Blake (Linda Blake)